

ELECTRONIC FILING ACCESS CODE APPLICATION

Forms must be mailed or hand delivered to:

Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Ave S.E. / Suite 1402 – West Tower / Atlanta, GA 30334

This form will allow the Commission to grant access to its online e-Filing system by emailing you a Filer ID and Password.

INCOMPLETE FORMS WILL NOT BE PROCESSED • IF FORM IS HANDWRITTEN, IT MUST BE LEGIBLE. • PLEASE PRINT

Select Form Type: ☐ Original ☐ Amended

I AM A: ☐ Candidate ☐ Public Officer ☐ Lobbyist ☐ Non Candidate Committee

☐ Qualifying Officer: Filing Office _____

☐ Vendor Gift: Vendor Name _____

Name/Contact: _____

Office/Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Initial

I understand that with the filing of this application a Filer ID & password will be sent to my above email address.
I understand this confidential PIN number assigned to the above named person and only the Commission staff
and the listed person will have access to this confidential number.

Verification Must Be Notarized

State of _____, County of _____

I, the undersigned do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE: _____

NOTARY PUBLIC (SIGN NAME): _____

PRINT NOTARY'S NAME: _____

My Commission Expires: _____

This document was sworn to or affirmed and subscribed before me on _____

For Office Use Only

Filer ID

Approved By: _____ Date: _____